ANAMADO ON HOT PRINTS Registrated Divisor's No	No (N	IISS	OU!	RI	D۱۱	VIS	ION OF HEALTH - STANDARD CERTIFICATE OF DEATH 263-026604
VS 300 VS	كالدالكورا	37°C	EN T	QF	PUB	LIC Re	PEALTH AND WELFARE 3/7 Primary Registration District No. 500 Registrar's No. /8/6 STATE FILE NUMBER
Normandy 1. Indicate or beaching of the country St. Louis 2. Country St. Louis 1. Country St. Country St. Louis 1. Country St. Louis 1. Country St. Louis 1. Country St. Country St. Louis St. Country St.	DO NOT WRITE ON THIS STUB		AMEN	DED	- 1		
2 PAS 100					.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
2 PAS 100		유					s. COUNTY St. Louis admission)
Comparison of Security Comparison of Secur	Rev. 4/59	2	!				b, CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c, CITY
Comparison of Security Comparison of Secur	_	¥.					TOWN St. Charles Yes No 🗆
NSITUTION NOTWARD OF Secretary Secreta	_ 403/					_	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET ADDRESS ADDRESS
3 MARE OF DECEASED Plant Salary Cars C	1	DAT	1				Normandy Osteopathic Hos. Yes No 821 Boonslick Rd. Yes No
S SEX 6. COLOR RACE 7. Married 1 Never Aburried 1 Never A	3	- -				3	NAME OF DECEASED First Middle Last 4. DATE Month Day Year
Female White Widowed Globert Gold Gold			Ιì				Baby Girl Czeschin DEATH June 5, 1963
THE CALL OF THE STRAINFEANT CONDITIONS CONTRIBUTING TO DEATH But more related to this terminal PART III. H decamal was format and Death Consider and State of States o	4 /				ŀ	5	
10 10 10 10 10 10 10 10	5 🕋						Female White Widowed Divorced 6-4-63 newborn Months Days Hours Min.
13. KATHER'S NAME CZESCHIN, Clarence 15. WAS DECEASE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RAY ZESCHIN - ST. CHARLES JO. 17. INFORMANT RAY ZESCHIN - ST. CHARLES JO. 18. SOCIAL SECURITY NO. 19. INFORMANT RAY ZESCHIN - ST. CHARLES JO. 10. SOCIAL SECURITY NO. 10. SOCIAL SECURITY NO. 11. SOCIAL SECURITY NO. 12. JO. 12. JO. 12. JO. 13. ST. INFORMANT RAY ZESCHIN - ST. CHARLES JO. 14. NAME OF HUSAND OR WIFE COPRISED AND COLUMN AND PROVIDED IN THE ST. COLUMN AND PROVIDED IN THE ST. COLUMN AND PROVIDED IN THE ST. CHARLES JO. 10. SOCIAL SECURITY NO. 11. SOCIAL SECURITY NO. 12. JO. 12. JO. 13. SOCIAL SECURITY NO. 14. NAME OF HUSAND OR WIFE COPRISED AND CRAFT OF HUSAND AND PROVIDED IN THE ST. CHARLES JO. 15. WAS DECEASE EVER IN U.S. ARMED FORCES? 16. CAUSE OF HUSAND AND PROVIDED IN THE ST. CHARLES JO. 16. CAUSE OF HUSAND AND PROVIDED IN THE ST. CHARLES JO. 17. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF HUSAND AND PROVIDED IN THE ST. CHARLES JO. 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 10. SOCIAL SECURITY NO. 10. SOCIAL SECURITY NO. 11. NAME OF HUSAND AND RESERVE JO. 10. SOCIAL SECURITY NO.						10	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. (17-4), no, or unknown) [17-4] [19-4] [7	잌				13.	l
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INMEDIATE CAUSE (a) 12//3-2 13			1		Ξ		18. CAUSE OF DEATH (Enter only one cause per line)
The state of the s		잁]		ž	- 1	IMMEDIATE CAUSE (a) SEPTAL UE LECT TOULING HORTA GUERNITAL
Condition, if any, which gave rise to above cause (a), stating the underly lying cause lest.) DUE TO (b) PART II. OF HOUR SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. II. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. OF HOUR Month, Day, Year PERFORMED? YES WO DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. OF HOUR Month, Day, Year INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. OF HOUR MONTH, Day, Year INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. OF HOUR MONTH, Day, Year INJURY (a.g., in or about home, 20ft. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bidg., etc.) NOT WHILE AT WORK D. Day of the Causes stated. 22a. SIGNA JURE 12a. SIGNAL CREMATION, 23b. DATE 22b. DATE SIGNAL DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. H deceased was female was there a pregnancy in last 90 days. II. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. H deceased was female was there a pregnancy in last 90 days. II. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. H deceased was female was there a pregnancy in last 90 days. II. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. H deceased was female was there a pregnancy in last 90 days. II. WAS AUTOPSY 20s. ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III. H deceased was female was there a pregnancy in last 90 days. III. WAS AUTOPSY 20s. ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in PART I of item 18.] PART III.	11	<u> </u>	Ì l		ğ		
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22a. SIGNATURE Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated. 22b. ADDRESS 22c. DATE SIGNED 23a. BURNAL, CREMATION, 23b. DATE . 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Burial 6-7-63 Memorial Gardens 24. FUNERAL DIRECTOR ADDRESS Arthur C. Baue 620 Jefferson St. 6-7-63 ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Arthur C. Baue 620 Jefferson St. 6-7-63 Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated. 22b. ADDRESS 22c. DATE SIGNED 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) State Charles, Mo. 24. FUNERAL DIRECTOR APDRESS APDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Arthur C. Baue 620 Jefferson St. 6-7-63	ᆂᅙ	₹		1		ᅙ	INJURY a.m. 12. 19 4 2 P
22a. SIGNATURE (Degree or title) 22b. ADDRESS 22a. BURNAL, CREMATION, 23b. DATE 23a. BURNAL, CREMATION, BEMOVILL (Specify) Burial 24. FUNERAL DIRECTOR APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION Comparison ADDRESS 25. DATE RECD. BY LOCAL REG. 25. REGISTRAR'S SIGNATURE Arthur C. Baue 620 Jefferson St. 6-7-63 APPLICATION Comparison APPLICATION Comparison APPLICATION City, town, or county) Comparison Charles, Mo. Charles, Mo. Comparison Co			l I.	-		•	
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23a. Burnal, Cremation, 23b. Date, 23c. Name of Cemetery or Crematory 23d. Location (City, town, or county) Emoly 1. Specify Burnal Director Address 25. Date recd. By Local reg. 26. Registrar's signature Arthur C. Baue 620 Jefferson St. 6-7-63 Memorial Gardens 25. Registrar's signature Arthur C. Baue 620 Jefferson St. 6-7-63	4 E	32		`	٠.		
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Arthur C. Baue 620 Jefferson St. 6-7-63 Join 6 Murfly mg		Ö		1	₫	23	REMOVAL (Secrity)
Arthur C. Baue 620 Jefferson St. 6-7-63 Join 6 Murfly mg		Z			발	24	
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Funeral Home St. Chartened Embalmer's Statement on Reverse Side)	l	1_	1	ı	1		

STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	P DD. 1.
dentSignature of Student Embalmer	Signed Busse T. Vickering
	Licensed Embalmer No. 5/89
, and the	P. O. Address St Charles 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.